PUBLICDISCLOS	URE COMMISSION
	711 CAPITOL WAY RM 206
	PO BOX 40908
	OLYMPIA WA 98504-0908
	(360) 753-1111
	TOLI EDEC 4 977 804 2020

THIS SPACE FOR OFFICE USE DATE FILED PDC

	OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-292		REGISTRATION	(12/14)	JAN 052016	
Lobbyist Nar	me				, -	
Randall E	. Ray					
Permanent Business Address				Business Te	lephone Numbers	
PO Box	1379			Permanent	(360-352-3100)	
				Temporary (()	
City		State	Zıp	Cell Phone	()	
•	WA 98507			or Pager		
Temporary T	hurston County address during legislat	ve session		AEQ31	oo@aol.com	
	name and address (person or group for				occupation, business or description of	
Consolidated Bookkeeping and Management Services, In PO Box 2602, Seattle, WA 98111			Inc.	purpose of organization Bookkeeping and Management Services		
4. Name and a	ddress of person having custody of acc	ounts, receipts, books or other	documents which substantiate	E-Mail Addre	ess	
• •	orts. (Person responsible for producing			AEQ31	00@aol.com	
Randall E	. Ray, PO Box 1379, C	lympia, WA 98507	7			
-	pay (compensation) for lobbying?		Description of employment (check one	or more boxes	3)	
\$ <u>5 00</u>	per <u>FY70,1 +1</u> (hour, day, month, year)	•	☐ Full time employee ☐ Part time or temporary employee		☐ Sole duty is lobbying☐ Lobbying is only a part	
Other: Explain:		X Contractor, retainer or similar agre	ement	of other duties		
			☐ Unsalaried officer or member of gr			
•	bursed for lobbying expenses? Explai	which expenses.	Does employer pay any of your lobby: If yes, explain which ones.	ng expenses di	rectly?	
☐ Yes:	\$ 1000 per MonTh I am reimbursed for expenses.		in yes, explain which ones.		-	
No:	I am not reimbursed for expenses you expect to lobby for this organization	n?				
X Perman	ent lobbyist	during legislative session	☐ Other, Explain:			
associations, or o	oyer a business or trade association or organizations? If "yes," attach a list sho rs or is expected to pay over \$1,450 thi	wing the name and address of	behalf of its members or a representative each member or funder who has paid fe	e entity which lo es, dues or oth	obbies on behalf of businesses, groups, ler payments over \$1,450 during either of	
X No	☐ Yes. Howe	er, no member or funder has p	aid, pays, or is expected to pay over \$1,4	1 50. □	Yes. The list is of parties	
attached		lead officed adjusted action	committee which will provide funds for yo	u to make nolit	ical contributions including purchase	
 Does your e tickets to fund ra 	mployer have a connected, related or c ising events? If so, list the name of tha	t political action committee.	committee which will provide lands for yo	u to make point	ical contributions motivaing paramase	
X No□	Yes. Name of the committee is:					
10. If lobbyist is 143 and 144 for		ess entity which employs othe	rs to perform actual lobbying duties, list r	name of each p	erson who will lobby. (See WAC 390-20-	
	nch, Kyle Woodring, Kr	stelle Purkey				
11. Areas of inte members or state	erest Lobbying is most frequent before e agencies concerned with following su	legislative committee bjects:	Remarks:			
CODE SU		DE SUBJECT ☐ Health Care				
	siness and consumer affairs 10 nstitutions and elections 11					
l <u> </u>	ucation 12	X Labor				
	ergy and utilities 13 vironmental affairs - natural 14	☐ Local government				
re	sources - parks 15 ancial institutions and 16	State government				
	surance 17	☐ Transportation				
	ATION: I hereby certify that the abov		et EMPLOYER'S AUTHORIZATION		g the employment authority to lobby	
statement.			described in this registration statements EMPLOYER'S SIGNATURE, NAME	ent.		
12. LOBBYIST	S SIGNATURE	DATE 12 12-15	EIVIPLUTER S SIGNATURE, NAIVIE		- while with the	